

SECTION 2
CORPORATE AND PARTNERSHIP
APPLICATION



State of Rhode Island and Providence Plantations

DEPARTMENT OF ATTORNEY GENERAL

150 South Main Street, Providence, RI. 02903

(401) 274-4400

TDD (401) 453-0410

PATRICK C. LYNCH, ATTORNEY GENERAL

SECTION 2

CORPORATE AND PARTNERSHIP APPLICATION

NOTE: If the applicant is a partnership, each partner must complete the information required in this section also. Do so on a separate sheet of paper. If the applicant is a corporation which is not publicly traded, each shareholder owning a ten (10%) percent or greater interest in the corporation must complete the information required in this section as well on a separate sheet of paper.

1. NAME OF CORPORATION: _____

2. BUSINESS ADDRESS: _____
PHONE # _____

3. Is the corporation duly qualified to do business in Rhode Island with a valid certificate of such authority issued by the Secretary of State?

YES OR NO

4. Does the corporation have a registered agent for service of process?

YES OR NO

A: Name of registered agent: _____
Phone #: _____

5. Have any license applied for or issued to you or a partnership or corporation of which you were a member ever been revoked or denied by any jurisdiction?

- If so, provide complete details on a separate sheet of paper.

6. Date and place of incorporation: _____



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6. NAME, ADDRESS, D.O.B. of every partner, and/or corporate officers and directors and their titles.

	<u>NAME</u>	<u>ADDRESS</u>	<u>TITLE</u>	<u>D.O.B.</u>
A:	_____	_____	_____	_____
B:	_____	_____	_____	_____
C:	_____	_____	_____	_____
D:	_____	_____	_____	_____
E:	_____	_____	_____	_____
F:	_____	_____	_____	_____

7. Has any partner, officer, general or shareholder owning a ten percent (10%) or greater interest in the corporation ever been convicted of a crime in any jurisdiction.
- If so, provided complete details on a separate sheet of paper and attach

NOTE: Be sure to include a copy of your surety bond and proof of Insurance.

DATE: _____

NOTARY PUBLIC: _____

NAME PRINTED: _____

MY COMMISSION EXPIRES: / /